

PLEASE COMPLETE THE FORM BELOW AND MAIL OR FAX TO THE WOMEN'S COMMISSION

CONCERNS & INTERESTS SURVEY

We need to hear from you so that we can direct our efforts to address your concerns and interests.

Please print out the survey portion and take a few moments let us know about yourself
and mail this survey to the address above.

On a scale of 1 (least important) through 5 (most Important) please indicate your choices below:

Child Care	()
County Development/Economics	()
Discrimination Equity/Pay	()
Educational Resources	()
Exercise/Nutrition	()
Family/Planning/Abstinence	()
Financial/Budgeting/Planning	()
Health/Disabilities	()
Homemaking/Parenting	()
Housing/Shelters	()
Legal Issues	()
Legislation	()
Professional Network	()
Stress Management	()
Substance Abuse	()
Training/Life Skills	()
Transportation	()
Displaced Homemaker	()
Violence	()
Women's History	()

All information is optional & confidential

Name: _____

Address: _____ **Zip:** _____

Telephone: _____

Marital Status: _____ **Age:** _____

Highest Level of Education: _____

Occupation: _____
